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BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
#(/b/s to v =)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUDEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	11	7	41
JIAIL OI	MANILAND	CLIVIII ICAIL	OI.	DLAIII	A		-00

1. PL/	ACE OF DEA	ТН			97	22,1111	100
Cor	unty Wore	ester				Registration Dist. No.	-
Vill	lage or City Po	comoke (City		No.R.F.D. # 3.	St.,	Ward
Len	igth of residence in	city or town where o	leath occurred5		f death occurred in a hospital or institution. ds. How long in U.S. If of		
			T.Gibbo			,	
	Residence: No.			##19	St Ward.		
(a)	Mesidence. No.		(Usual place o	f abode)	Ou	If nonresident give city or town	and State
			CAL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF DEATH	1
Male		or or RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Novem	ber 24th.	, 193 4 (Year)
5a. If marr HUSB (or) V	ied, widowed, or div AND of MIFE of Mary	r A.Gibb	ons			CERTIFY, That I atten	ded deceased from
6. DATE O	F BIRTH (month, da	ay, end year) A 70	ril 12th	.1870	I last saw h elive on	non 17 198	
7. AGE	Years	Months	Oays	If LESS than	to have occurred on the date stated		
1	64	7	12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of Importance	Dats of onest
Z 3. Tr	ade, profession, or p kind of work done	as SPINNER.	Farmer			***********	
10. Da	SAWYER, BOOKKE	EPER, etc.	raimer		1		
ano ano	work was done, as SAW MILL, BANK,	SILK MILL, etc			- artur	Selesons	- 1/ye
O 10. Da	te deceesed last we this occupation (m	onth and TOTA	11. Total tir	1 - 111		~~~~~~~~~~~	
	year)			pation Life	Other Contributory Causes of impor	tence:	
	PLACE (city or town ate or country)		t County		-	A	
1	Meohn E.		Lanu		Junele o	manley	Lyears
I			rset Con	120 ± 22	N		
¥ 14. BII	(Stete or country)		ryland.	LLLU-Y		Date of Was there	
15. MA	IDEN NAMEES	ther Par		ora instern	23. If deeth was due to external caus		
15. MA 16. BII	RTHPLACE (city or t	own) Somer	set Cour	ıty		Date of Injury	
	(Stete or country)		land.		Where did injury occur?	(Specify city or town, county and	Carra
17. INFORM	MANTMIS.Ma	ary A.Gi D#3 Poco	bbons moke Cit	y.Md.	Specify whether injury occurred In	INDUSTRY, In HOME, or in PUBLIC	PLACE.
19 DIIDIAI	CDEMATION OD	DEMOVAL		26th, 19 34	Menner of Injury		
7º 519	fcesy An	ne, l'd.	T. spate Q X.	Zotn, 19_34	Nature of injury		
19. UNOER		out.	Stev	uson	24. Was disease or injury in any wa	y related to occupation of deceased?	
(Ad	idress) ocom	oke City	Maryla	ad.	If so, specify	100/00	
20. FILED	1100 761	19 34,	hm 1. K	aley	(Signed)	genous	M. D.
		16	blanks are needed as	Registrar.	(Address)	marke d	11 11

V. S. No. 1 N. B.

e Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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V. S. No. 1 N. B.

	2		岛		
r ks	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex		
ARGIN RESERVED FOR BINDING	NE	CT	ified		
	MA	V	ass		
31	BR	EX	cl cl	e.	
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Ö	S	tate	rop	rtif	
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AK	NI	ppli	ern	ins	
	1	ns	in t	See	
	ITI	ılly	pla	.:	
	M	refu	in	ant	
	LY,	Ca	TH	por	
	Z	be	EA	im	
A	LA	pln	F D	ery	
	E	sho	0	AS	
	LIT	on	SE	Z	
-	WE	nati	AI	TION is very important. See instructions on back of certificate.	
7 0		=	0		

act statement of OCCUPA-

1. PLACE O		OF MAR	RYLAND—	CERTIFICATE OF DEATH	1 11741
	Worcester			Parietation Diet	. 351
	city hear her		mel	Registration Dist.	
			(1	f death occurred in a hospital or institution, give its NAME inste	St.,Ward
Length of res	idence in city or town where	death occurred	yrs,mos	sds. How long In U.S. if of foreign birth?	_yrsds.
2. FULL NA	ME Durlha	Les 19	Arma	2	
(a) Residen	ice: No.			St., Ward.	
PERSON	IAL AND CTATICS	(Usual plac			city or town and State
3. SEX	IAL AND STATIST	1		MEDICAL CERTIFICATE OF	DEATH
female	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	2 , 193 H
5a. If marriad, widow HUSBAND of	ved, or divorcad	0		(munth)	(Day) (Year)
(or) WIFE of				Nov. 2 1934 to We	that I attended deceased from
	(month, day, and year) 🗸	ray 14	1905	I last saw her alive on never	, 19; death is said
7. AGE Yea	mrs Months	Days	If LESS than		.m.
2	9 5	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of I were as follows:	
8. Trade, profes	ssion, or particular	+1	0	appoplex	Pate of onset
SAWYER,	vork done, as SPINNER, BOOKKEEPER, atc	in va	me		
kind of v SAWYER, 9. Industry or work was SAW MIL 10. Date deceass	s done, as SILK MILL, L, BANK, atc				
10. Date decease	ed last worked at	11. Total	time (years) ent in this		
11113 0000	pation (month and	sp:	ent in this cupation		
12. BIRTHPLACE (cit	ty or town) Mean	28 10	nd	Other Contributory Causes of Importance:	
(Stata or cour		- ·	(Nelhorlonde	011 1/1151
13. NAME	Degrae	Nam	manel	ff contract	an ryo
13. NAME	(city or town)	marlo	md	Name of operation	
(State or					Date of
15. MAIDEN NA	ME Clara	Shan	cl	23. If death was due to external causes (VIOLENCE) fill in al	. Was thera an autopsy
15. MAIDEN NA.	(city or town)	words,	mel	Accident, suicide, or homicide? Data o	
₹ (State or	. , ,			Where did injury occur?	17
17. INFORMANT	Clare 10	arma	n,	(Specify city or town, Specify whether Injury occurred in INDUSTRY, in HOME, o	county and State)
(Address)	nemoda	md R.	1.06.7	Land Market Mark	THE OBLIC FLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL	en.	, .	Manner of injury	
Place_Ye	merk Ind.	Date No	v 5, 1934	Nature of injury	
19. UNDERTAKER	Chance	Parn	00	24. Was diseasa or Injury in any way ralated to occupation of	of deceased? 270
(Address)	Sye	w Will	ovna	If so, specify	1
20 EUED ///	4 .34 85	An &	with.	(Signed) Clafford G. A.	MA
20. FILED	, 19.7	94 10	Registrar.	(Address) Molerlan	- md.
	If more	blanks are needed,	address State Registrar,	24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11 11		
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 6,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		,		
1	1	>	1	
	>			
1	-	-	•	

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(92-0)	42
County 11 reister	Registration Dist. No. 3822	
Village or City / Berlin Md	No. St	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numb	ner)
Length of rasidanca in city or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Convey densy		
(a) Residence: No. / Dugues Graf	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	0
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Male col Physical (write the word)	(Month) (Day) , 193	(Year)
5a. If married, widowed, or diverced HUSBAND of	22. I HEREBY CERTIFY, That I attended dece	
(or) WIFE of July / Lenery	19 30 19 to 9 w 25.	
6. DATE OF BIRTH (month, day, and lear) Multi-stars	I last saw h m alive on hov 1 ,193 4; de	
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 10 Am.	etti 13 Juliu
82 Unk. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
S Trada profession or particular	Da'	te of onset
SAWYER, BOOKKEEPER, etc.	Chrone Valuey Heart &	or th
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last workad at this occupation (month and the second in this		
SAW MILL, BANK, etc		
10. Date daceased last worked at this occupation (month and / 930) spent in this occupation (month and / 930) occupation		
and	Dthar Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (State or country)	White the sol	022
13. NAME Til esaku home in	1 Cham DWDTV 1	883
13. NAME / LEWY MARKET 14. BIRTHPLACE (city or town) from Market 14. Color country)	Name of operation.	
(State or country)	What test confirmed diagnosis?	3)
15. MAIDEN NAME UN Brace	23. If death was due to external causes (VIOLENCE) fill in also the following:	syr
15. MAIDEN NAME MASSACE 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	10
S (State or country)	Whare did injury occur?	13
17. INFORMANT William Therety	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, DR. BEMOVAL	Manner of Injury	
Place At Marcha Date 1/10 28,1924	Nature of injury	
111 12 626 - 22	1	•
19. UNDERTAKER (Address)	24. Was disaase or injury In any way ralated to occupation of decoased?	G
2000 Mars 311 - 0 15 711 0 0	(Signad) C & Holland	M D
20. FILED 1960, 196) 4 College Registrar.	(Addrass) Bestin md	ni. U,

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V. S. No. 1 N. B.—

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
----------	-----------	-------------	----------

1. PLACE OF DEATH	LAND	82-0
County Worcester		Registration Dist. No. 952
Village or City Results Length of residence In city or town where death occurred. TS	-	No. St., Was death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME (a) Residence: No. 3 la lour Str. (Usual place o	Iduda fat fabode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED OR DIVORCED	TED, WIDOWED, -(write the word)	21. DATE OF DEATH QUARTE (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended deceased from 20 19.3% to 20 19.3
6. DATE OF BIRTH (month, day, and year) Willer	w	I last saw h_ea alive on . Pure 2 0 , 19 7 4 death is sa
7. AGE Years Months Days	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0	Cerefral Hymonhage Kin
work wes done, as SILK MILL,	me (years) t in this pation	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
13. NAME Ques Bes		
13. NAME CLUS SURGERIA (State or country)		Name of operation Date of What test confirmed diagnosis? What lest confirmed diagnosis?
15. MAIDEN NAME Confort Deel 16. BIRTHPLACE (city or town) (State or country)	door	23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Handy Leebe (Address) Serlin &	ne	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Caulo Dete No. 1.	21,1954	Manner of injury
19. UNDERTAKER W. Burbay (Address) Berlin	mil	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED Nov 21, 1924 & V Weise	eferd Registrar.	(Signed) Ca Hallary M. (Address) Oerlan M.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Manager	11		
H Maria	11		
Other contributory causes of importance:	//	Other contributory causes of importance:	
Gallstones	May 1,1923	. Gastroenteritis	1 year

V. S. No. 1

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11744
1. PLACE OF DEATH	(0)
County W oceater	Registration Dist. No. 307/
Village or Chy Sindletree	No. St. Ward
Length of residence in city or town where death occurred & D. yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Missouri Minanda	Johnson "
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH Nov 20 74 (Month) (Day) (Page)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
form w. formion	100 20 19 34 10 Nov 20 19 34
7. AGE Years Months Days 151555 than	I last saw held alive on 20, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, atc Houselvife	3 - Lucyto Owing, all nor
kind of work done, as SPINNER, Acusely SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	Stantly Her clother caucht on live of
SAW MILL, BANK, atc. 11. Total tima (years)	conkestore. The house did not home
10. Date decaased last worked at this occupation (month) at year) 11. Total time (years) spant in this 40 year)	Cuyop
12. BIRTHPLACE (city or town) Manyland	Other Contributory Causes of importanca:
13. NAME Jacob Mollins 14. BIRTHPLACE (city of town) - Washington	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unkslown	23. If death was due to external causes (ViOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? accident. Data of injury 20070, 1939
(Stata or country) mayland	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT ASIM A: COLUMN (Addrass)	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury There degree Rung of bolg
Place Couly Minigaling Date 101. 91 ,1934	Nature of injury Burn
19. UNDERTAKER Degarne + Degarne D	24. Was disaase or Injury in any way related to occupation of decaased?
(Addrass) Smon Ailf The	If so, specify
20. FILED 11/2-1/ , 1934 & E/Cay Serveth.	(Signed) Spelled V. Mesay M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 15-4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 m

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	
County VVVCENTEN:	Registration Dist. No. 3V
Village or City Stock tow	NoSt.,Wa
Length of residence in city or town whare death occurred yrs mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,
al: +10.00	
in the state of th	usus fores
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Oertie tones	22. I HEREBY CERTIFY, That I attended deceased f
DATE OF DIPTI () 6000 (1' 1867	I last saw hard elive on Oct 3/ 1934 death is
DATE OF BIRTH (month, dey, and year)	0 0
[] 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trada, profassion, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Louis all themoth hage to
9. Industry or business in which	
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupetion (month end 1932 spent in this occupation (spent)	
011 1 1	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) A Constant (State or country)	Milt for the
	Newvill fielding Lyn
1. dota Int	1
14. BIRTHPLAGE (city or town) Sugarante (State or country)	Neme of operation Date of
15. MAIDEN NAME PARALARY LONGO.	What test confirmed diagnosis? Was there an aulopsy?
1 (10 4 - 1	23. If death was due to external causes (VIOLENCE) fill in elso the following:
(Stete or country)	Accident, suicide, or homicide?
Prof of M	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT AUTOMATICAL NAME ALMAN (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place Stace M. C. Date Med, 23, 1954	Nature of injury
9. UNDERTAKER HAR & hields,	24. Was disease or Injury In any way related to occupation of deceased? Alda-
(Addrass) Theo Chuch. Va	If so, specify 5
O, FILED has, 21 1934 mary m Taylor	(Signad) John D. Dickerson M
Resistrar.	(Address) of fac letter 2 Made

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V.			
Other contributory causes of importance:	Frank A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

OCCUPA-

Jo

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	92:00	
County N orcester	Registration Dist. No. 3 & 2	
Village or City Gerlin	No. St. Ward	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
(a) Residence: No(Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write hie word)	21. DATE OF DEATH POR 20 102 24	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased from	
6. DATE OF BIRTH (month, day, and yaar) 100. 1850 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw here	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Chroni Dolmlas Heart Muse	
12, BIRTHPLACE (city or town) Manufand	Other Contributory Causes of importanca:	
13. NAME Gordon B. Jones		
13. NAME Soidon B. Jones 14. BIRTHPLACE (city or town) (State or country) Manufand	Name of operation	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Manyland	23. If death was due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?	
17. INFORMANT My tarnes B. Robins (Address) Draw Hill Eng	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place M. Date No. 22, 1934	Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address)

24. Was disease or Injury In any way ralated to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	}	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		L

V. S. No. 1

	-16	3-43-p	A	100	
1	1	4	4	6	
-8	-36	-	-00		

1. PLACE OF DEATH County Worker te		23
Village or City Beam de		Registration Dist. No.
Length of residence in city or town where	(10	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Pres	ton Lank	ford
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale 4. COLOR OR RACE Color	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	3-1914	I last saw h alive on19; deeth is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 9.15.Pm.
20 05	13 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1 8-1-	from information I get Date of onset
AWYER, BOOKKEEPER, etc.	Caro	from Da Sartorino this
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		man for otally deed
10. Date deceased last worked et	11. Total time (yeers)	from Julier calorine,
this occupation (month and year)	spent in this occupetion	His father died from
12. BIRTHPLACE (city or town) Wore	esta County	Other Contributory Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town)		no in great
14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country)	any land	What test confirmed diagnosis?
15. MAIDEN NAME Florence	· Corbin	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Florence 16. BIRTHPLACE (city or town) (State or country)	my land	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mangie Contra (Address) Pos Andre Cly. R. F. D. H)		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COMPANY Place Property of the Company of the Co	Date Nov-18, 1934	Manner of injury
19. UNDERTAKER LONGON F. S. (Address) Francis	trocusor well	24. Was disease or injury in any way related to occupation of deceased? 71 o
20. FILED \$700. 68. 1934	John J. Register.	(Signed) John J. Ruley, Registrar M.D. (Address) Paramaska Cis, 1726

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
	5 11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Foraul		CE FOR FURTHER ST		birth cert.	2/11/24
	0	0	0		

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11749
1. PLACE OF DEATH	
County Warrester	Registration Dist. No. 3 6 2
Village or City & Surlin	ND. St., Ward
Length of residence in city or two where death occurred 2 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Dathering Lyn	te
(a) Residence: No. Buling Mid (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ames B. Lyttle	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 2/ 1849	I last saw h LV alive on 11-77-34 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at I P m
84 5 25 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Auricular fofficiliation
10. Date deceased last worked at this occupation (month and 1934 spent in this year)	
12. BIRTHPLACE (city or town) Da (State or country)	Dither Contributory Causes of importance:
	January seguritus
E Da la	samment furicialism.
4. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
∑ (State or country)	Where did Injury occur?
17. INFORMANT Any S. Jyttle (Address) Dustin Cone	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lucy rian Date for 18, 1934	Nature of Injury
19. UNOERTAKER J. W. Buttage	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO Mot 18, 1934 I V. Mremford	(Signed) / Lasto / Lewis M. O. (Address) / Luland m.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Company of the compan			

V. S. No. 1

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	Jo ma	plnous	2000
M	Svery it	IANS 8	ment of
•	SCORD. 1	PHYSIC	act state
	NT RE	LY.	Ex
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
K K	A PE	ed E	erly
P.C	SIS	stat	prop
3	HIS	be	pe
SEKV	NK-T	should	it may
五五	ING I	AGE	that
AKGIN	INFADI	pplied.	erms, se
	TTH (illy su	plain t
	W.	refu	Lin
)	AINLY	l be ca	DEATH
	PL	oulc)F I
	WRITE	ation sl	AUSE (
V. S. No. 1	B. 1	H	0
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TION is very important. See instructions on back of certificate.

1. PLACE OF DE		F MAR	YLAND—	CERTIFICATE OF DEATH	Hibu
County WO			DI:	THIM GORPOBELL LINE A Registration Dist. No.	50
Village or City ∑	comoke C		(16	No. 403 Bonneville Ave St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence i	n city or town where d	eath occurred	I eyrsmos	sds. How long in U.S. if of foreign birth?yrsr	
2. FULL NAME			,,	WITHIN CORPORATE CIRCLE OF	
(a) Residence: No	.403 Bonn	(Usualplace	AVe.	St., Ward. If nonresident give city or town an	d State
PERSONAL	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	d Other
Female C	olored	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH Pocomoke City, November 24th. (Month) (Day)	, 1934 e (Yaar)
5a. If married, widowed, or HUSBAND of (or) WIFE of AS	bury Mars	shall	nd Telephone mel nier zon	22. OC + B FEBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month,	day, and year) Ju	ine 20th	. 1860.	I last saw hor aliva on Nov. Zut ,193	L; death is said
7. AGE Years 74	Months 5	Days 4	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated ebova, at I	Date of onset
9. Industry or busines work was done. SAW MILL, BAN 10. Date decessed last this occupation (yeer)	ne, as SPINNER. Sin which as SILK MILL, K, etc. worked at July month and 1934 wn) Worcest Waryl	11. Total ti spen occu er Coun	ma (yaers) It in this pation lile	Other Contributory Causes of importance: Other Contributory Causes of importance: Orrano Sereno 205 Hypertrusuo	1/1/3
13. NAME ROLAT	5.0	ster Co- yland.	unty	Name of operetion Dete of What test confirmed diegnosis? Was there an	aulopsy?
15. MAIDEN NAME A 16. BIRTHPLACE (city of (State or country) 17. INFORMANT JOY (Address) POCO	r town) Norce	ster Co ryland.		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
18. BURIAL CREMATION, -D		r		Mannar of Injury	
19. UNDERTAKER AND (Address). PO CO 20. FILED Nov 26.	moke City	tever m / R	and.	24. Was disaase or injury in Any wheeleted to according of deceased? If so, spacify	NO The st

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUSEAU V				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
			2 9007	

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County Warlester	Registration Dist. No. 3 5 2
Village or City Birlin and	NoSt.,Ward
A A	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of Ioraign birth?yrsmosds.
7/11/1/1/1/1	Cabe
12 . 1. 0	W W T 24 Tanasasas
(a) Residence: No. (Usuar place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OI (or) WIFE of J Lelen Me Cape	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) June 15 1909	I last saw h alive on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, atm.
25 5+ 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as Ioliows:
Trede, profassion, or particular kind of work done, es SPINNER,	Date of onest
SAWYER, BODKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BODKKEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and to the separation this	
10. Date deceased last worked at this occupation (month and 1934) 11. Total time (years) spent In this occupation	
md	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Lahua He Cake	
13. NAME Jaspuse He Cake 14. BIRTHPLASE (city or town) Md	Name of operation Date of
(Slate or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Summons	23. If daeth was dua to axternal causas (VIOL ENCE) fill In elso tha following:
15. MAIDEN NAME Margaret Lemmons 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of injury 17 1934
X (State or country)	Where did injury occur? Hear A erlie workenter to und
17. INFORMANT Mes Thelen Me cake (Addrass)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Aubsnobil acceler in Jublic hyphera
18. BURIAL, CREMATION, OR REMOVAL Place Lacy Lle Date 10, 19 3 54	Manner of injury Tructured Scull
19. UNDERTAKER J. W. 1 Barbaga	24. Wes disease or injury in eny way related to occupation ol decaased?
2D. FILED Phr26 1934 IV Mumberd	(Signed) Whraten acting Corones
W Oel Registrar.	(Addrass) / Seplen min

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WI REALL V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	اـــــا			

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
		and the same of th		

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1. PLACE OF DEATH	-	93-0	
County Worcester	WITHIN CO	Registration Dist. No.	50
Village or City Pocomoke City		No. 4th, and Walnut Sts. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurre	edyrsmos	t death occurred in a hospital or institution, give its NAME instead of street and itsds. How long in U.S. if of foreign birth?yrs,m	number)
2. FULL NAME Emma Katharin (a) Residence: No. 4th.and Waln (Usual		St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Pocomoke City November 17th. (Month) (Day)	, 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, Thet I attempted	
7. AGE Years Months Day	1 dey,hrs. ormin.	to have occurred on the date stated above, at	; death is said
SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAW MILL, BANK, etc SAW MI	Total time (years) spent in this occupation	ARTERIO. SCIEROSIS- Higher LE M. Z. C. D. M. Nigoe H. POILIS Other Contributory Causes of importance:	7
(State or country) Naryland		CORONIARY THROMBOSIS	NOUN
14. BIRTHPLACE (city or town)—Hanover (State or country) Penna.		Name of operation	1934 outopsy? / V o
15. MAIDEN NAME L'ary Scentse		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Fary Scentse 16. BIRTHPLACE (city or town) Carroll C (Stete or country) Narylar 17. INFORMANT Samuel E. McMaster		Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Stall Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	e)
(Address) Pocomoke City Nar	yland.		
18. BURIAL, CREMATION OR REMOVAL Place O O MOKO - Gity Jd Paty N.C.	v.19th,1934	Manner of injury	
19. UNDERTAKER PRINTER STATE (Address) o comoke City, Nary	land,		N 0
20. FILED	Registrar.	(Address) POLOLADKE City M	8

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0.2. 6. 5.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

270

1. PLACE OF DEATH			(210-m)	
County Worcester	**************		Registration Dist. No. 350	
Village or City_Pocomoke		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Major Mi	lls			
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Colored		RIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH November 17. 1934. (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Mill	. 9		22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) De 7. AGE Years Months	cember Days 26	32.1878 If LESS than 1 day,hrs. ormin.	I last saw h im allead November 1719 34; death is said to have occurred on the date stated above, at	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (meeth and 9.3.4. 12. BIRTHPLACE (city or town) (State or country)	laborer 11. Total ti spar octu- ster Cou Marylan	ime (years) nt in this rpation nty	Jury was that the said Major Mills came to his deathas a result of being struck by an automobile owned and operated by Lorenzo Mason and we further find that said striking was an anavoidable accident caused by defective steering gear on the	
13. NAME William M. I 14. BIRTHPLACE (city or town) (State or country) Mary Is	Worcest	er County	automobile of said Mason/	
15. MAIDEN NAME Francis Mills 16. BIRTHPLACE (city or town) Worcester County (State or country) Mary Land		ounty	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident ate of injury 11/17 19 Where did injury occur? near Pocomoke City. Md	
17. INFORMANT William Mil (Address) Pocomoke Cit 18. BURIAL, CREMATION, OR REMOVAL Tri Poclar oke City Md.	ls		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Automobile accident Manner of injury Nature of injury	
19. UNDERTAKER VETNON P. St (Address) POCOMOKE (Colon Resistrati	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) (Address) (Address)	

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Chronic interstitiol nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage 4]	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

N. B.-WRITE

V. S. No. 1

statement of OCCUPA-

	STATE OF L. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	1754
	County Worcester		Registration Dist. No. 354	_
	Village or City Stockton		NoSt	Ward
	Length of residence in city or town where deeth		death occurred in a horpital or institution, give its NAME instead of street and a modelds. How long in U.S. if of foreign birth?	
1	2. FULL NAME George W. N	licholson		
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex 4. color or race 5. s	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH Stockton November 5th. (Month) (Day)	, 193 4 (Yeer)
5a.	. If merried, widowed, or divorced HUSBAND of Mary A. Nichols (or) WIFE of Mary A. Nichols	son	22. 1 HEREBY CERTIFY. That I ettended	deceased from
6.	DATE OF BIRTH (month, day, end year) Augus	t 9th.1856.	I last saw h elive on ANV 1 4 19.3.4	death is said
7.	AGE Years Months 78 2	Deys If LESS than 1 day,hrs.	to have occurred on the dete steted above, et 7 • 30P m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:	
-	8. Trede, profession, or perticular kind of work done, es SPINNER, Farm SAWYER, BOOKKEEPER, etc	11. Total time (yeers) spent in this occupetion 1, Ohio.	Ohrome Sephnitie Valyslan Deslace f Other Contributory Causes of Importence:	Date of one ot
HER.	13. NAME James Nicholson			
FATHER	14. BIRTHPLACE (city or town)	know.	Neme of operation	
MOTHER	15. MAIDEN NAME Elizabeth Sh 16. BIRTHPLACE (city or town) DO not (State or country) "I" INFORMANT James Nicholson.	Know	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Dete of Injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	: , 19
17.	(Address) Stockton Maryl		Specify minutes injury occurred in industrial, in monte, or in robert rev	ICE.
18	BURIAL CREMATION OF REMOVAL	ete Nov. 7th, 19.34	Manner of Injury	
19	UNDERTAKE PERSON (Address) POCOMOKE City,	Naryland.	24. Was disease or injury in eny wey releted to occupation of deceesed?	420.
20	FILED Mar. 6, 1934 m	any M. Taylor	(Signed) John No. Archeldon	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUBSAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. 3 5 9 Village or City ND. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______vrs. _____mos. ____ds. statement RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than to have occurred on the date stated above at 1 dey,____hrs The PRINCIPAL CAUSE OF DEATH end related causes of Importance or min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER. SAWYER, BODKKEEPER, etc. may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceased lest worked et 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or tawn) (State or country) terms. HER See FAT 14. BIRTHPLACE (city or town) Neme of operation. in plain (State or country) carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?_____ Date of Injury_____ 19____ (State or country) Where did injury occur?__ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury CAUSE TION Nature of Injury. 24. Was disease or injury in any way 19. UNDERTAKER (Address) If so, specify A Registrar.

V. S. No. 1

BINDING

RESERVED

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	11		
II MIRETARY	. j		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

mation should be carefully supplied. AGE should be

certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

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No.	
vi	
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Workester	Registration Dist. No. 355
Village or City newsk	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant / surnell	
(a) Residence: No. nevak	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
7 smale Colord Smalle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
No. 42 1221	1934, to 14 13 , 1934
6. DATE OF BIRTH (month, dey, and year)	I last saw h 2 and on 2 all for my feet, 19 24; death is said
7. AGE Yeers Months Deys If LESS than I day,hrs.	to heve occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Date of office.
SANVER, BDOKKEEPER, etc.	Shell fam
SALVYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and this occup	
SAW MILL, BANK, etc	
o this occupation (month end spent in this year) occupation	
DA 44 - A	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town). (State or country)	
13. NAME Harbert Turnell 14. BIRTHPLACE (city or town) Perong	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there en autopsyl
15. MAIDEN NAME alice Pa shards	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (Stete or country)	Where did injury occur?
17. INFORMANT Oferbert Purnall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Neverty Date New 14,1934	Nature of Injury
19. UNDERTAKER SHAWY WAR A SHAW SA	24. Was disease or injury In any way related to occupation of decessed? 40
(Address)	If so, specify
1 - 14 - BH - Hallan & All	(Signed) La Attalled M.D.
20. FILED 11 1921 ACUM T. Trought	(Address) Beyn Wd
	Contraction of the second

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BUSH AU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS	BY	PHYSICIAN
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M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	NT RECORD.	LY. PHYSI	. Exact stat	
R BINDING	A PERMANE	ed EXACT	erly classified	ficate.
AARGIN RESERVED FOR BINDING	IK-THIS IS	should be stat	t may be prop	a back of certi
ARGIN RES	INFADING IN	pplied. AGE	erms, so that	instructions of
*	NLY, WITH U	e carefully su	ATH in plain t	portant. See
.1	-WRITE PLAI	mation should b	CAUSE OF DE	TION is very in

			OF MAR	YLAND-	CERTIFICATE OF DEATH 11757	
	1. PLACE OF				WITHIN CORPORATE LIMITS CA	
		Worcester Pocomok	e City		Registration Dist. No.	
	Village or C	ty Podeinok	e orea		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of resid	dence In city or town where	death occurred	yrs,mo	sds. How long In U.S. if of foreign birth?yrs mos ds.	
	2. FULL NAI	ME	Scl	noolfield		
	(a) Residence	ce: No	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
	PERSON	AL AND STATIST	The same of the sa		MEDICAL CERTIFICATE OF DEATH	
	sex Male	4. color or race Colored	5. SINGLE, MAI OR DIVORCE Sing-	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 15. (Month) (Day) (Year)	
5a	. It marriad, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attanded dacasasd from	
6.	DATE OF BIRTH (month, dey, and year)	November	.15.193		
-	AGE Yee		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _ b 1 2 th. The PRINCIPAL CAUSE OF DEATH end related causes of importence	
Z	8. Trade, profes	sion, or particular			According to the statement of	
OCCUPATION		ork done, es SPINNER, BOOKKEEPER, etc			the midwife(Perry Belle Hughes)	
UP/	work was	done, as SILK MILL, L, BANK, etc			the child was an eight month child	
000	10. Date dacaasa	d last worked at ation (month and	spe	time (years) int in this upetion	cause of death unknown	
12	BIRTHPLACE (city (Stets or coun	yor town) Pocomol			Other Contributory Cauces of Importanca:	
ER	13. NAME Ab	ren Wright				
FATHER	14. BIRTHPLACE (Stata or	(city or town) St. P. Country) F10		cg	Neme of operation Date of Date of What test confirmed diagnosis? Was there are autopsy?	
1ER	15. MAIDEN NAM	E Caroline	School	field	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (Stata or	(city or town) Poc country) Mary		ty	Accident, suicida, or homicide?	
	(Addrass)	rry Belle F	itar Mana	lond	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATI	ON, OR REMOVAL Ha	lle Hill	Cemetar	Mannar of Injury	
W.	orcester	-Co.Md	Date NOV-	16,19.34	Neture of Injury	
19	. UNDERTAKER _B (Address)	allard Brog	s. City. Md.		24. Was disaase or injury in any way related to occupation of daceased?	
20		/	hn I.	Relig Refistrar.	(Signed) John J. Registrar M.D. (Address) Pocomoke City. Maryland	
		7.0	11 1 11	11 5 5		

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A CONTRACTOR			
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

CU	1. FLACE OF DEATH	92-0
should f OCC	Village or City	Registration Dist. No. 30/
- 0		death occurred in a hospital or institution, give its NAME instead of street and number)
NS Int	Length of residence in city or town where death occurred_6Q_yrs	ds. How long in U.S. if of foraign birth?yrsmosd
PHYSICIANS oct statement	2. FULL NAME William anna &	elly
Stat	(a) Residence: No.	St. Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
Exact	3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
1. 0	OR DIVORCED (write the word)	(Month) (Day) (193 44
X A C T I classified.	5a. If marriad, widowed, or divorced HUSBAND of	(1001)
A	(or) WIFE of James B. Delly	22. HEREBY CERTIFY, That I attended deceased from
cl cl	6. DATE OF BIRTH (month, day, and year) Till 24 1046	I last saw h alive on Non 20 19 3 death is sai
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.7.0 m.
stated E properly certificate.	88 40 1 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
be be	8. Trada, profassion, or particular kind of work done, as SPINNER,	Date of onset
4	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and) this occupation (month and)	Delalshow I block
should it may n back	work was dona, as SILK MILL, Ownforme	0
2 3 0	spaint in this 4 /14/	
oplied. AGE erms, so that instructions		Other Contributary Causes of importance:
	12. BIRTHPLACE (city or town) (State or country)	
d be carefully supplied DEATH in plain terms, y important. See instru	13. NAME John Clinical	and of a land
supplied the suppl	13. NAME John Dlingle 14. BIRTHPLACE (city or town) - Monthly Control of town)	Nama of operation Data of
ly s laim Se	(State of Country)	What tast confirmed diagnosis?
efully in pla ant.	15. MAIDEN NAME Mary Lowery	23. If death was due to external causas (VIOLENCE) fill in also the following:
be careful EATH in p important.	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be AT mp	(State or country)	Where did injury occur?
OF DE	17. INFORMANT / A MANAGE AND A HOWARD	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	18. BURIAL, CREMATION, OR BENOVAL	Mannar of Jalum.
SE SE	Piace Dellew Out AV. 20, 1934	Manner of injury
mation shoul CAUSE OF TION is very	19. UNDERTAKE LANCE Thereis	24. Was disaase or injury in any way related to occupation of daceasad?
EOF	(Addrass) January Hall W	If so, spacify
	20. FILED 11/24 1934 REPOR Swith	(Signad) Posey M. D.
	Registrar.	(Address) Anow Jot of med
	If more blanks are heeded, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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E	kample I	1	Example II	
The principal cause of dea of importance were as followarteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 3 1251	July 5, 1927	Peritonitis	3 days ago
	11677775	- 11		
Other contributory causes	of importance:	Penniferranial *	Other contributory causes of importance:	- 11
Gollstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Marcuster	Registration Dist. No. 352
Village or City / Sirlin Md	No. St., Ward
Length of residence in city or town where death occurred - yrs	mosds. How long in U.S. if of foralgn birth?yrsmosds
2. FULL NAME Naviel & A	harvill
(a) Residence: No. Dellis Trans	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word)	
Male Est. Married	(Month) (Day) (Yaar)
5a.III married, widowed, or divorced HUSBAND of	10 1 31 5
(or) WIFE of Plinabeth Mudel	THEREBY CENTIFY That I attended deceased that
DATE OF DIDTH (month for and Dea 96 1 94 2	Heat court / Million Noe) 1/5 134
6. DATE OF BIRTH (month/dey, and year) 7. AGE Years Months Deys If LESS that	to heve occurred on the date stated abova, at 101. m.
10 10 20 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca
Trade profession or particular	ware esfollows:
kind of work done as SPINNER, SAWYER, BODKKEEPER, etc.	Cherine Out.
9. Industry or business in which	nepkreles
work wes done, as SILK MILL, Lubarar	
10. Date deceased last worked at this occupation (month and 1932 11. Total time (years) spent in this occupation 43	- 9 •
12. BIRTHPLACE (city or town).	Othar Contributory Causes of Importance:
(State or country)	Chronie Myscardet
13. NAME James Spence	" Out Nephrital
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Dete of
Colore of country)	What test confirmed diegnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of control	23. If daath was due to externel causas (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Data of Injury, 19
(Siere of Edulity)	Where did Injury occur? (Specify city or town, county and State)
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8. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place At. Nacels Dete 100, 19, 19.	Nature of Injury
9 11 13 61	710
19. UNDERTAKER (Address)	24. Was disease or injury In eny way related to occupation of deceased? If so, specify
2 21 0 11 M	(Signed) Cofford Scholl M.
20. FILED 7, 19 9 7 Municipal Registrar	(Address) Alelie VIII

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
\$21 U. vg			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			7

1. PLACE OF DEATH

Village or City

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
more to the second	1.		
Other contributory causes of importance:		Other contributory causes of importance:	W
Gallstones	May 1,1923	Gastroenteritis	1 year

Poerv item of infor-	IANS should state	ment of OCCUPA-	
NT RECORD I	LY. PHYSIC	d. Exact state	
IC A PERMANE	stated EXACT	properly classifie	ertificate.
STHIE THIS	AGE should be	that it may be 1	ons on back of certificate.
WITH HINEADI	fully supplied.	n plain terms, so	nt. See instructi
R WRITE PLAINLY WITH INFADING INK THIS IS A PERMANENT RECORD From item of infor-	mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	. /	and a	- 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
county warcester	Registration Dist. No. 312
Village or City newark	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rebecca Jayl	Λ .
(a) Residence: No. Outride	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 Emall White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF George Taylor	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 11-18-5-5	I last saw h-4 atte on 92 23: , 19 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
79 6 /9 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cerebral Hamunhaca 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked at this occupation (month and	
10. Dale deceased last worked at this occupation (month and 1926 spent in this occupation year)	
12. BIRTHPLACE (cily or town). Osama á	Othar Contributory Causes of Importance:
(Stata or country)	
13. NAME William allen	
14. BIRTHPLACE (city or town) Lugues (State or country)	Name of operation Oata of What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Sarah Phillips	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Ins lom Kank	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) Yuwaya 2nd	
Place Orwark Cem: Date hor 27, 19 84	Nature of Injury
19. UNDERTAKER W Burbage	24. Was disease or Injury in any way related to occupation of deceased?
20 FILED Mr 27, 1934 IV Munfirst	(Signed) a Doclery M. D.
Alless Registrar.	(Address) Germ mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows: Arterioselerosis Chronic interstitial nephritis of importance were as follows: Attack of epilepsy Run over by street car	
Chronic interstitial nephritis 1921 Run over by street car	ate of onset
T. I. T. ADDY D. W. W.	t week ago
C 1 11 1 A CON During 11	t week ago
9 1	3 days ago
1 8100. 1	
Other contributory causes of importance:	
Gallstones Nay 1,1923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN	

V. S. No. 1

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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
VRI	atio	AUS	ION
1	m	C	I
B	/	90	
	7		

1. PLACE OF DEA		JE MAK	TLAND	-CERTIFICATE OF DEATH	1762
County Worces	ter		,	Registration Dist. No. 3574	
Village or City		n		Nn. St	Ward
(If Length of residence in city or town whera death occurredyrs,mos.				If death occurred in a hospital or institution, give its NAME instead of street and risksds. How long in U.S. if of foreign birth?yrs	number)
2. FULL NAME G	eorge I	ashingto	n Tull		
(a) Residence: No		(Usuai place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
120	r or race	5. SINGLE, MAR OR DIVORCE Widowe	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Stockton, November 24th (Month) (Day)	, 193. 4
5a. If marriad, widowad, or divo HUSBAND of (or) WIFE of Jane				22. HEREBY CERTIFY That i attanded	-
	26	3011 3	0.4.4	1934, to HOV, 24,	, 19.3.4
6. DATE OF BIRTH (month, day 7. AGE Years	y, and year) Months	y 10th.]	If LESS than	to have occurred on the data stated above, at 0.35 Pm.	.; death is sald
90	6	14	1 day,hrs.		
kind of work done, SAWYER, BDDKKEE 9. Industry or business in work was done, as SAW MILL, BANK, 10. Data deceased last worthis occupation (moyear) 12. BIRTHPLACE (city or town) (State or country)	rked at 191	OCOL	ime (years) () nt in this pation	Other Coutributory Causes of importance:	28 da
13. NAME Edwal	rd Tull				
14. BIRTHPLACE (city or to (Stata or country)	wn) Stoc	kton Narylai	nd	Nama of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Sa	llie Jo	nes	0.000	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Sa. 16. BIRTHPLACE (city or to (Stata or country)	wn) Stock	ton Marylan	1.	Accident, suicide, or homicide? Data of Injury Where did Injury occur?	, 19
17. INFDRMANT Willi (Address) Stock		-		(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) NCE.
18. BURIAL, CREMATION, OR F	REMOVAL	****	26th., 1934	Manner of injury	
19. UNDERTAKER SULL (Address) PO COM	ore Pix	teve	usore	24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILED M DV 25.		mary h	1. Taylor Registrar.	(Signed) John D. Dickerson	/M. D.
	If ware	blanks are needed	17	Not to the state of the state o	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	λ		

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

Village or City Savours LLO May (If death occurred in a borgital or innitivation, give its NAME instead of storet and autuber) Length of rasidence in city or Jown where death occurred. 2. FULL NAME: (a) Residence: No. (b) Ward. (b) Ward. (c) Thompsident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR-OR RACE (b) DIVORED (write the word) (c) No. I married, widowad, or divorced HUBSANO (d) Ward. (d) MEDICAL CERTIFICATE OF DEATH 2. DATE OF BIRTH (month, day and year) (e) Date of BIRTH (month, day and year) (f) A Trade, profession, or particular (g) A T	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11763
Village or City Shows allo May (If death occurred in a boptisal or institution, give its NAME instead of street and sumber) Length of residence in city of town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. Medical causes of long in U. S. If of foreign birth? yrs. Medical causes of long in U. S. If of foreign birth? yrs. yrs. mos. ds. How long in U. S. If of foreign b	1. PLACE OF DEATH	210-m
Length of rasidence in elty or lown where dasth occurred. 2. FULL NAME (a) Residence: No. (Unutribute of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-9R RACE S. SINGLE, MARRIED, WIDOWED, OTO PRIVATED WITH WORD, OTO PRIVATED WITH WORD OF WITH WITH WITH WITH WITH WITH WITH WITH	County wargester	Registration Dist. No. 355
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence		No. St., Ward
(a) Residence: No. (Usuarplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE OR DIVERSION ON DIVERSION (Which have been a supported by the complete of the country) S. DATE OF BIRTH (month, day and year) ACE Years Months Days If LESS than I day	Length of rasidence in city or town where daath occurredyrs,mos	
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21. DATE OF DEATH MALL While While of Control the word of Creater the Creater the word of Creater the Creater the Creater the Creater the word of Creater the Word of Creater the Creater th		
Make— White Devocation of North Martin (Day) 3. It merriad, widowed, or divorced (Day) 3. DATE OF BIRTH (month, day) and year) 3. DATE OF BIRTH (month, day) and year) 3. DATE OF BIRTH (month, day) and year) 4. AGE 4. AGE 5. DATE OF BIRTH (month, day) and year) 5. DATE OF BIRTH (month, day) and year) 6. DATE OF BIRTH (month, day) and year) 7. LAGE 7.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. DATE OF BIRTH (month, day, and year) Dec. 2 - /873 7. AGE Years Months Days If LESS than 1 day,	Make white Married (write tha word) Sa. If married, widowad, or divorcad	900° 2/ 193 4
to heve occurred on the date stated above, et. A. t. m. AGE Years Months Days If LESS than 1 day	HUSBAND OF Eva J. Wills	1 HEREBY CERTIFY. Thet I attanded deceased from 4 1934, to Nov 21, 1935
The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF DEATH and related causes of Importance ware est follows: The PRINCIPLE CAUSE OF CAUSE OF The PRINCIPLE CAU	5. DATE OF BIRTH (month, day, and year) Dec. 2 - 1873	I lest saw was aliva on ovor 21, 1934; daath is sal
SANTER, BOOKKEEPER, atc. 1. Industry or business in which work was done, as SPINNER, Blacksmith work was done, as SILK MILL, SAM MILL, BAKK, etc. 10. Date deceased last worked at June 1/2 11. Total time (years) spent in this occupation (month and 1/9 3.4 spent in this year) 13. NAME Jamas Wells Maryland 13. NAME Jamas Wells Maryland 14. BIRTHPLACE (city or town) What Lest confirmed diagnosis? A Mary Was there en autopay? 15. MAIDEN NAME Vicie Jawas Wells What Lest confirmed diagnosis? A Mary Was there en autopay? 16. BIRTHPLACE (city or town) Was there en autopay? 17. INFORMANT Jamas Wells Maryland 23. If death was due to axternal ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place fallows for the place of allows for the place of the	/ / // / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Other Contributory Canses of Importance: 2. BIRTHPLACE (city or town) (State or country) 1. BIRTHPLACE (city or town) (State or country) 1. MAIDEN NAME 1. Serving and diagnosis? 1. MAIDEN NAME 1. Wester erraulopsy? 1. Sharthplace (city or town) (State or country) 1. MAIDEN NAME 1. Wells (State or country) 1. MAIDEN NAME 1. Wells (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 2. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 9. UNDERTAKER Place Address Addres	8. Trade, profession, or particular kind of work done, as SPINNER, Blacksmith	chronic Valulas Frant Clinare s
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry occurred	J. Industry of Dusinass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

